

Madhya Pradesh Family Welfare Programme

Achievements and Challenges

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The POLICY Project
The Futures Group International

in collaboration with:

Research Triangle Institute (RTI)
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The population of Madhya Pradesh has been increasing rapidly over the past few decades. The population that was 30 million in 1957 has now reached around 70 million. Change in fertility behaviour and contraceptive use has paid some dividends but a holistic approach to realize the objective of reaching replacement level of fertility is required.

It is essential to take into consideration the paradigm shift envisaged by the Government of India following the ICPD declaration in 1994. Morbidity, mortality and health status of women and children have a direct bearing on the fertility behaviour. Rapid fertility decline is possible when all these factors are taken into consideration along with those such as age at marriage, female literacy and so on that have unintended but significant consequences. It is, therefore, imperative that all development departments should make an effort to this holistic approach and then only the objective of reaching replacement level of fertility can be a reality.

This volume prepared by The Futures Group International and Indian Institute of Health Management Research (IIHMR) in collaboration with the Department of Health and Family Welfare, Government of Madhya Pradesh, is a step in the right direction to educate policy makers, programme managers and others.

(K.S. Sharma)

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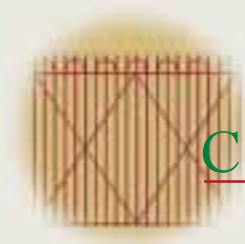
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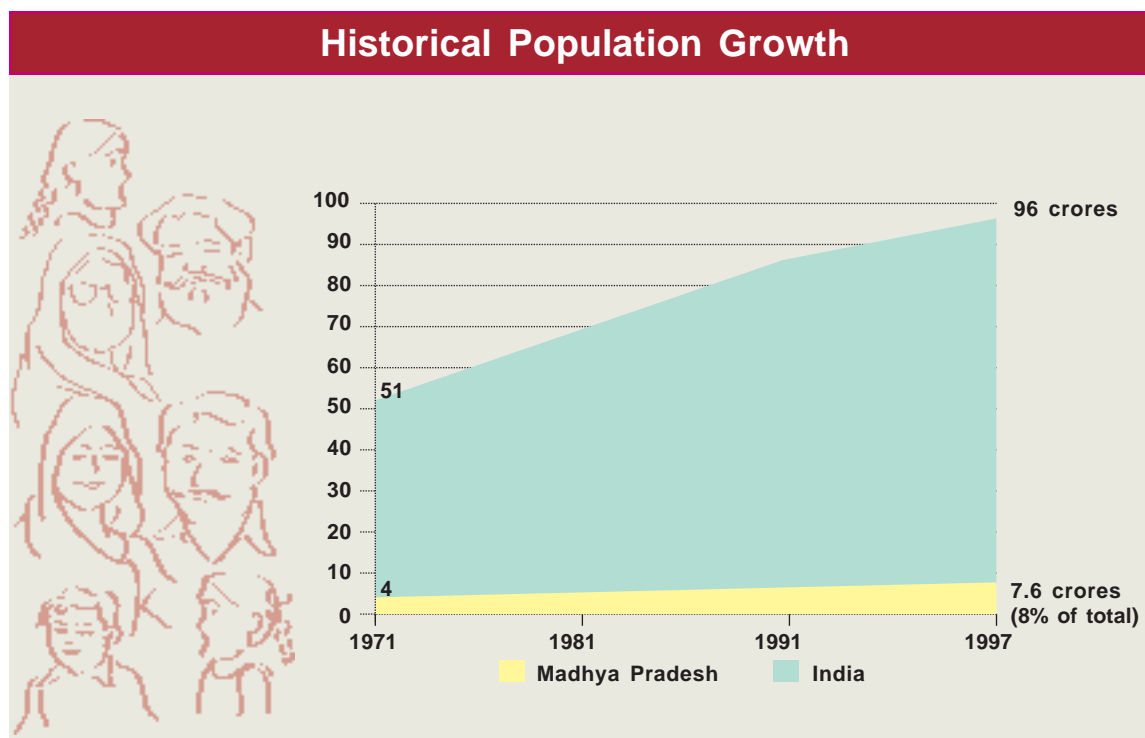


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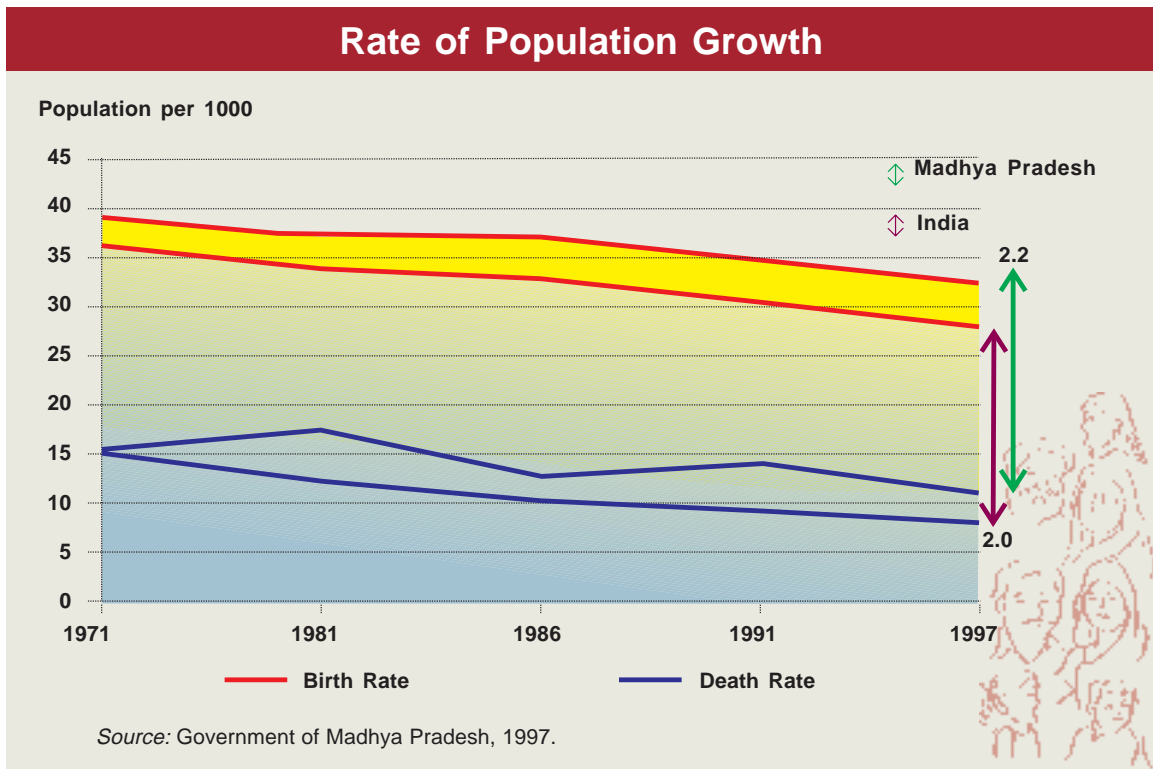
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Achievements



The estimated population of Madhya Pradesh in 1997 was 7.6 crores, which constitutes 7.9 percent of the total population of India. This proportion has remained more or less the same since 1971.

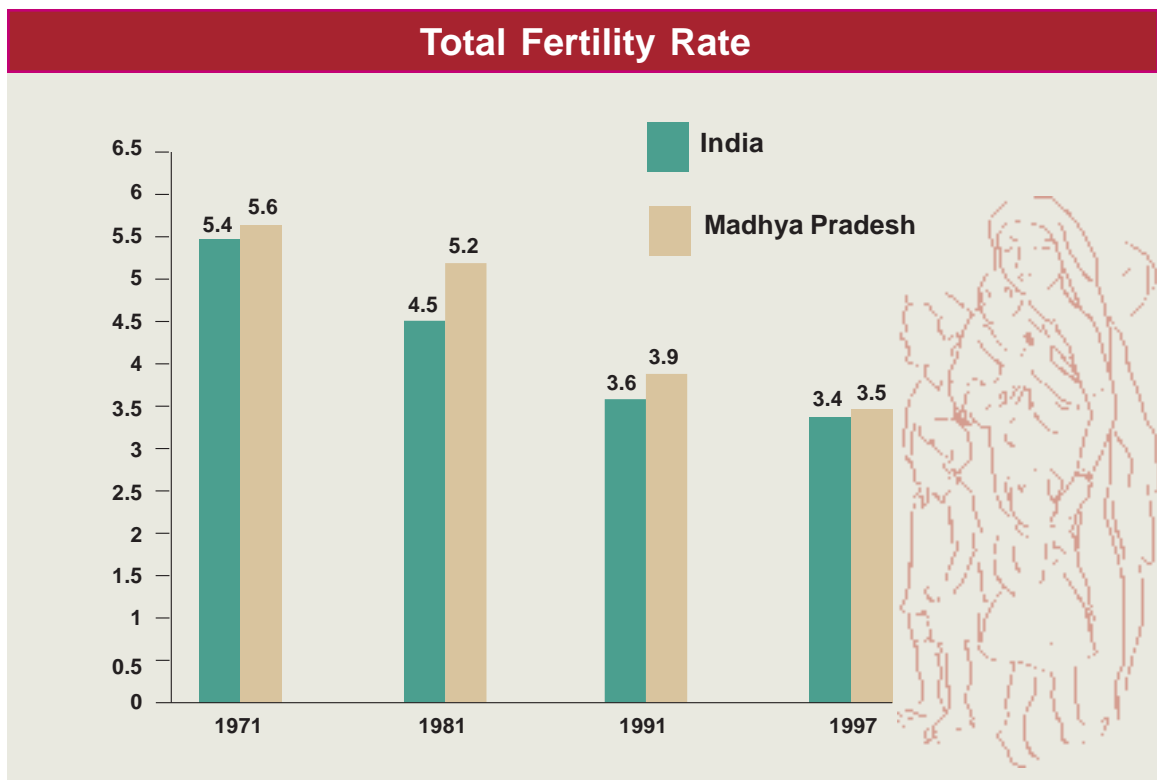


The population growth rate has decreased steadily since the advent of the family planning programme. The national growth rate is now 2 percent, while the growth rate in Madhya Pradesh is 2.2 percent. However, throughout the 20th century, population growth has outpaced resources. Given the scarce and limited resources in Madhya Pradesh, the state cannot afford continued population growth.

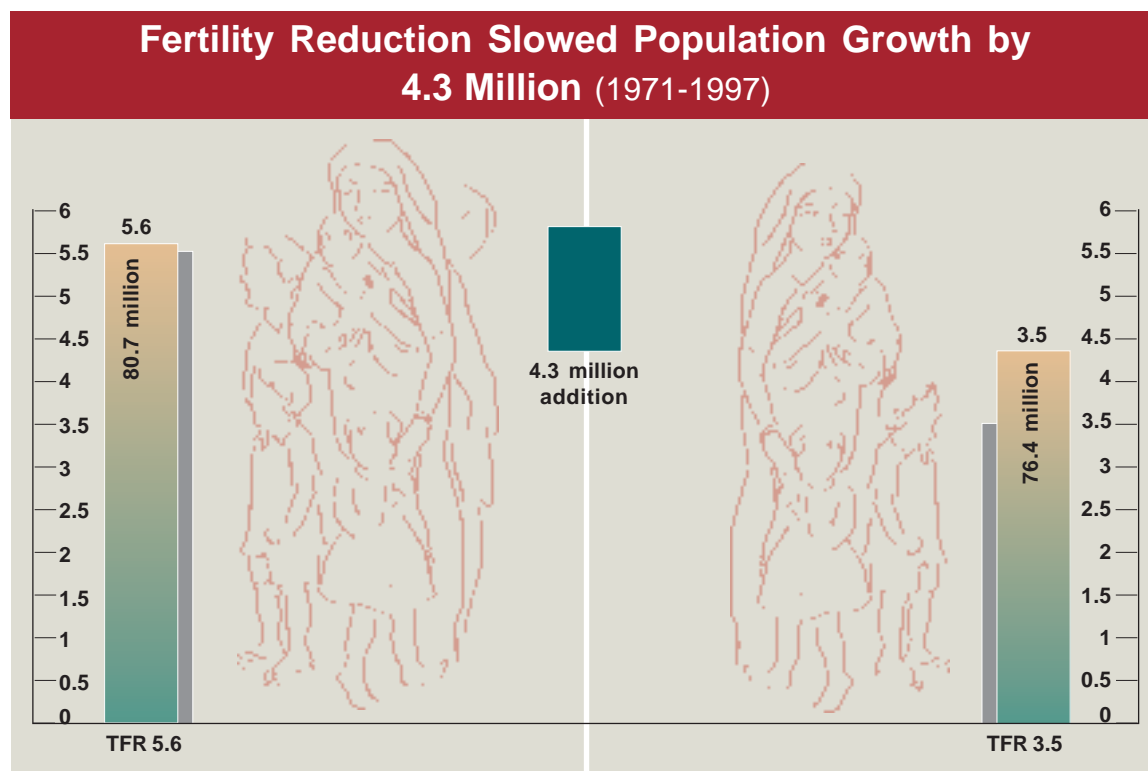
Trends in Population Growth

Population Size	Year	Period of Achievements
♦ First Crore	1821	—
♦ Second Crore	1925	104 Years
♦ Third Crore	1957	32 Years
♦ Fourth Crore	1968	11 Years
♦ Fifth Crore	1978	10 Years
♦ Sixth Crore	1987	9 Years
Seventh Crore	1994	7 Years

Presently, the population of Madhya Pradesh is over 7 crores. It reached its first crore in the year 1821 and to reach its second crore mark, it took 104 years. Due to drastic decline in mortality that has outpaced the decline in fertility, the population has increased rapidly and at current pace of growth rate it is taking only seven years to add a crore to its population base.

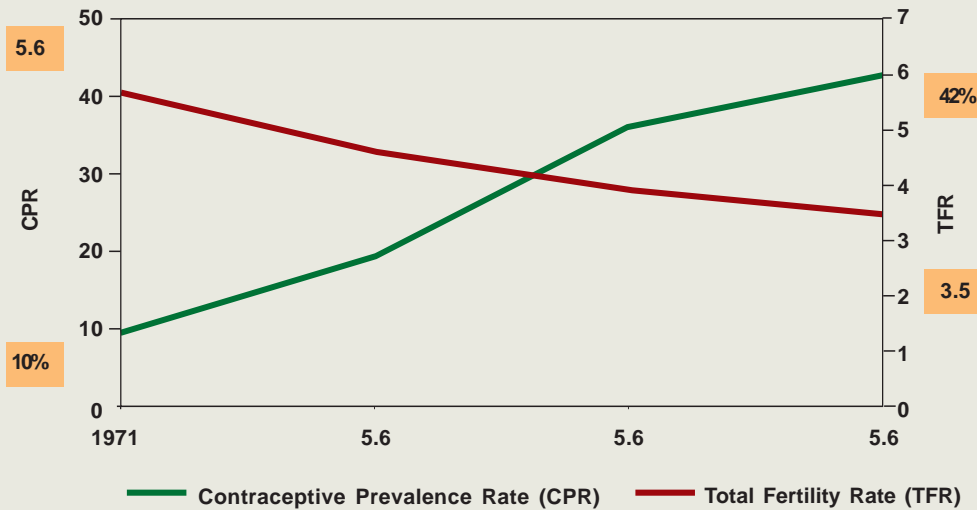


The average number of children that a woman in India would have in her lifetime (the total fertility rate [TFR]) was 5.4 in 1971, while it was 5.6 in Madhya Pradesh. By 1997, the TFR for India, as well as Madhya Pradesh had declined to 3.4 and 3.5 respectively. As a matter of fact, the decline in fertility since 1991 has been more rapid in Madhya Pradesh than the nation as a whole.



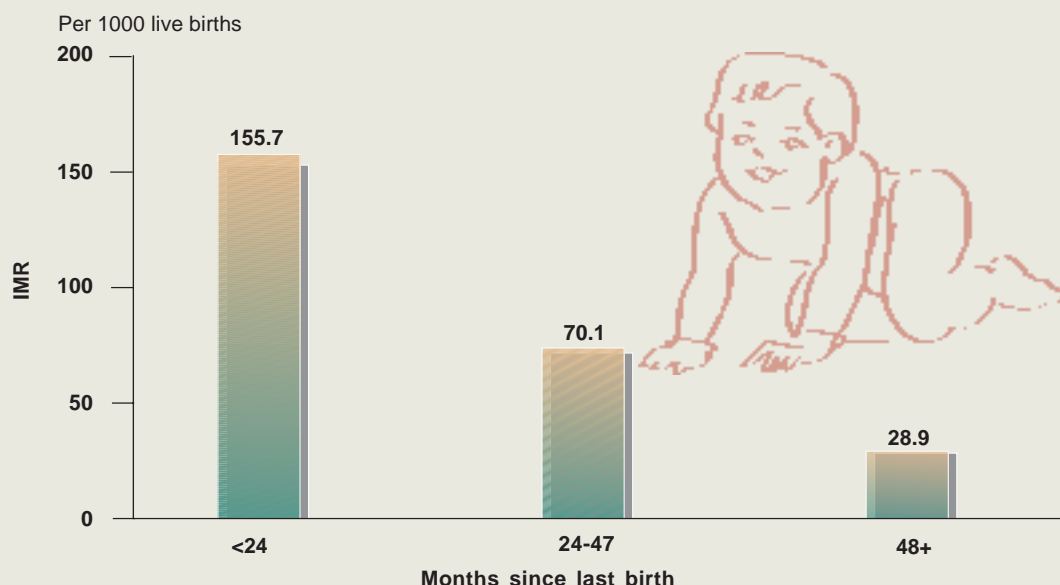
If fertility in Madhya Pradesh has remained at the same level as in 1971, the population size would have been 80.7 million. Family planning efforts have averted the addition of 4.3 million persons in the last two and a half decades.

The Impact of Family Planning on Reducing TFR



Increased use of modern contraceptive methods particularly in the last three decades has contributed to reduced fertility rate. Only 10 out of 100 currently married women in the reproductive age group used family planning methods either to delay child birth or prevent having another child in 1971. The total fertility rate at that time was 5.6. The use of modern contraceptives has increased sharply between 1971 and 1997. Forty two percent of currently married women in reproductive age group now use contraceptive methods either to space or to limit births. This four-fold increase in contraceptive method use has contributed to decline in fertility rate from 5.6 in 1971 to 3.5 in 1997. A reduction of two children per women in a period of three decades is a major achievement of the family welfare programme in Madhya Pradesh.




Family Planning Improves Child Survival: Birth Spacing Lowers Mortality



Source: Madhya Pradesh NFHS, 1992

Family Planning, in general, improves the quality of life of women and children. There is ample evidence to show that birth spacing lowers infant mortality. In Madhya Pradesh, infant mortality rate, for births with less than 24 months gap, is extremely high at 156. This rate declines sharply with increase in birth spacing. Infant mortality is the lowest if spacing between births exceeds more than 48 months. Increased use of contraceptive methods, besides other factors, has considerably contributed to decline in infant mortality rate. Infant mortality rate in Madhya Pradesh was 135 per 1,000 live births in 1971 and declined to 104 in 1992. By 1997, the infant mortality rate had dropped to 87.

Use of contraceptive methods also reduces the maternal mortality rate. Women with less number of births are less exposed to pregnancy risk, and delivery and postpartum complications. Experience shows that the maternal mortality rate can be reduced by 25 percent to 40 percent with increase in use of modern methods of contraception.

Improved Development Indicators			
	1971	1981	1991
 Infant Mortality	135	142	104
 Female Literacy	10.9	15.5	28.8
 Female Life Expectancy	NA	51.5	54.7

NA = not available

Poverty and female literacy immensely influence the success of family planning programme efforts to increase the acceptance of contraceptive method use. Female literacy has increase from 11 percent in 1971 to 29 percent in 1991. Increased coverage of children through universal immunization programme, higher proportion of deliveries assisted by trained professionals, and improved access to health services have created a favourable environment for reproductive health, resulting in reduced infant mortality rate. In Madhya Pradesh, the infant mortality rate was 135 per 1,000 live births in 1971 and declined to 104 in 1991. In addition, female life expectancy increased from 51.5 to 54.7 between 1981 and 1991. All these factors have contributed directly or indirectly to higher levels of contraceptive use, which in turn has contributed to improved maternal and child health in the state.

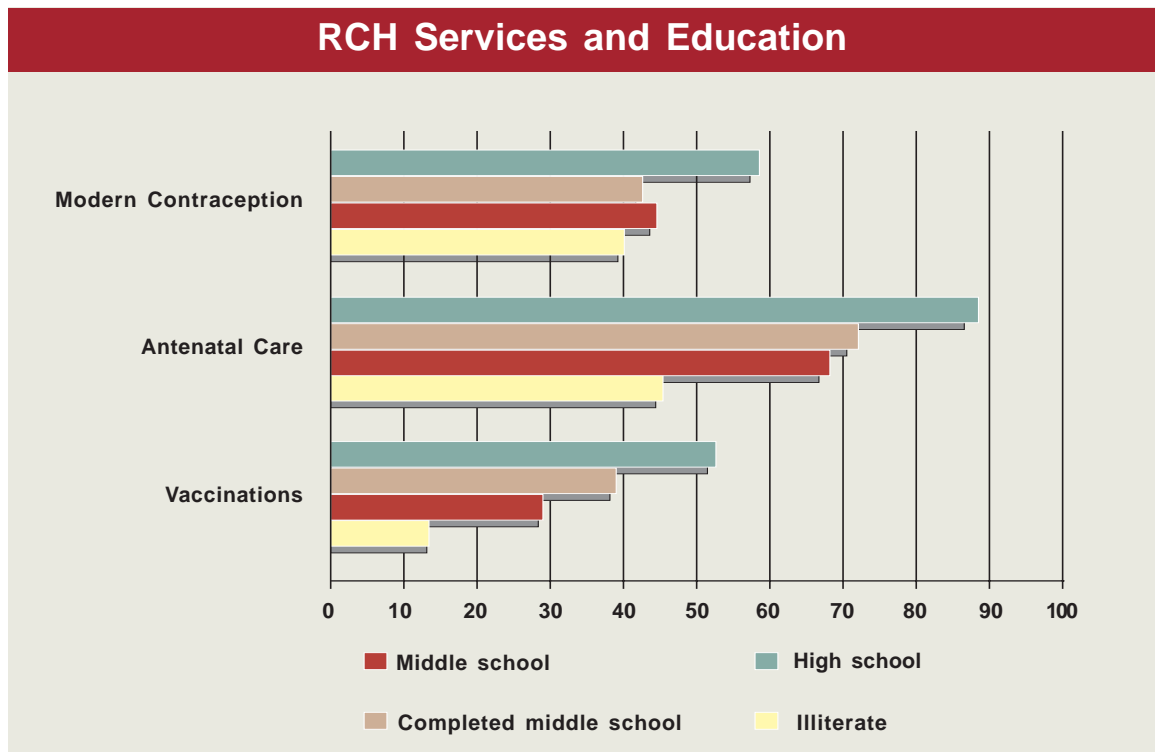


Population and Development

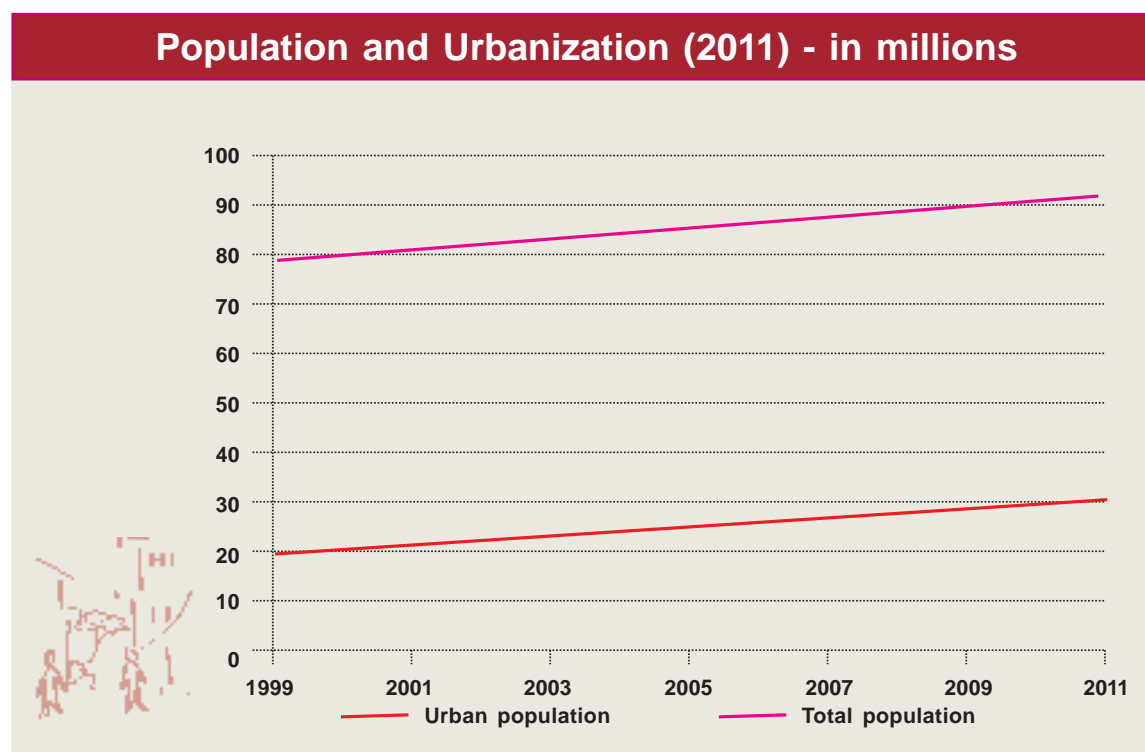
Benefits of Family Planning

- Lowers child morbidity and mortality
- Reduces maternal morbidity and mortality
- Facilitates achievement of educational goals
- Allows women to pursue employment opportunities
- Promotes greater investment in each child

Family Planning has many benefits. Most immediately, it improves the health of mother and child. In the long run, family planning also allows women to pursue further educational and employment opportunities. In addition, it promotes greater investments in the health, education, and future of each child, which is ultimately a greater investment in the future of Madhya Pradesh.

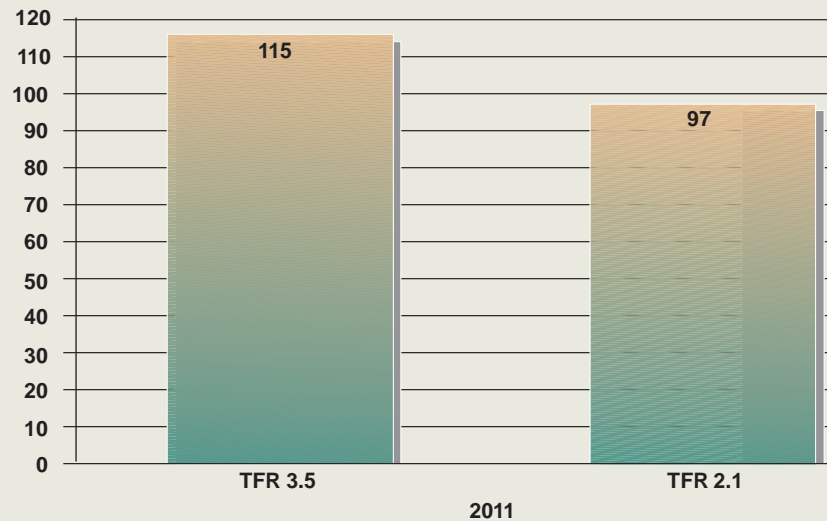


At the same time, the education level of mothers has direct influence on utilization of health facilities. The higher the level of education of mothers, the higher the utilization of health services. Efforts made by the government of Madhya Pradesh to improve the literacy levels of both men and women would contribute to better utilization of existing health facilities.



According to the 1991 census, about 23 percent or 15 million population were living in urban areas. Assuming the decadal urban growth rate the estimated population in 1999 will be around 20 million and is expected to reach 30 million by 2011. With increasing urban population, the migration from rural to urban areas is bound to increase and therefore most of the urban growth will be due to migration and not due to natural increase. Consequently, there will be tremendous pressure on the urban resources such as land, water, housing, electricity and of course in providing basic health services.

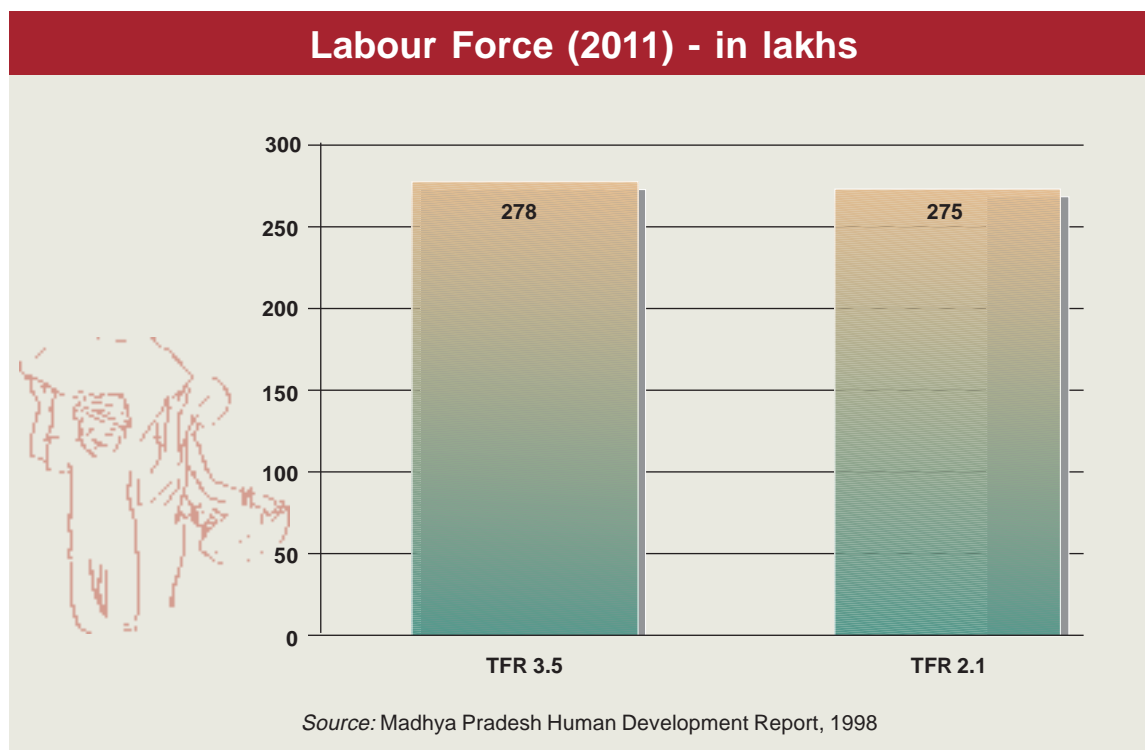
Population and Primary School Requirements (000's)*



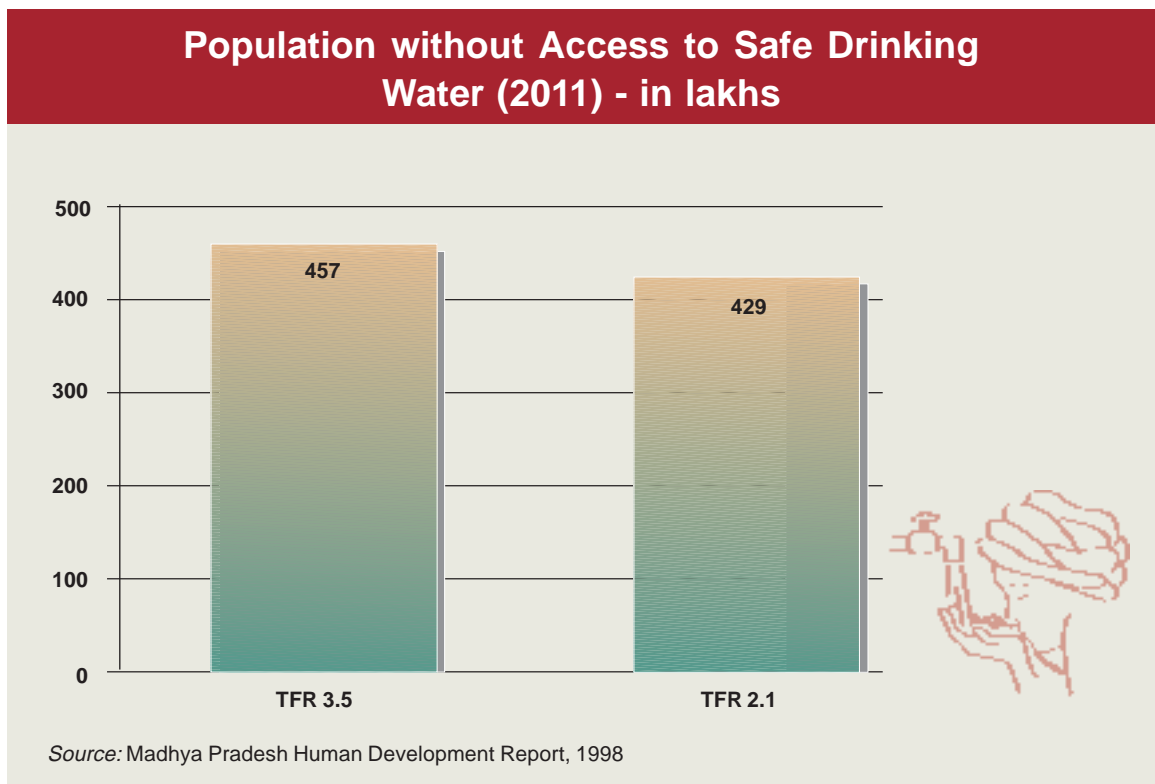
* Assume enrollment rate of 54%

Source: Madhya Pradesh Human Development Report, 1998

Madhya Pradesh currently has 78,794 primary schools with more than 9.6 million pupils, at an enrollment rate of 54 percent. At current enrollment levels, this number of schools would be sufficient if TFR 2.1 is achieved by 2011. However, assuming that Madhya Pradesh would achieve 100 percent enrollment by the year 2001, the total number of primary school needed would be 97,000; if TFR remains at 3.5, Madhya Pradesh would need at least 115,000 schools. After population stabilization, however, the number of schools required may slowly and gradually decline. Scarce resources can then be used to broaden enrollment and improve the quality of education. Family planning and reduced fertility can alleviate the population burden on the education sector, allowing it to better serve the children of Madhya Pradesh.



If TFR remains at 3.5 in 2011, the labour force would reach 278 lakhs. If Madhya Pradesh achieves replacement level of fertility by 2011, the working population would be 275 lakhs. Decline in fertility contributes to lesser number of people seeking jobs. As a result, the rate of unemployment would also decrease.



Currently in Madhya Pradesh, 21 percent of the urban population and 55 percent of rural population do not have access to safe drinking water facility. At these rates, the total population, without access to safe drinking water, will be 457 lakhs by 2011. However, if the total fertility rate declines to 2.1 by 2011, the total population without access to safe drinking water would be 429 lakhs, reducing the scope of the water problem for the government.

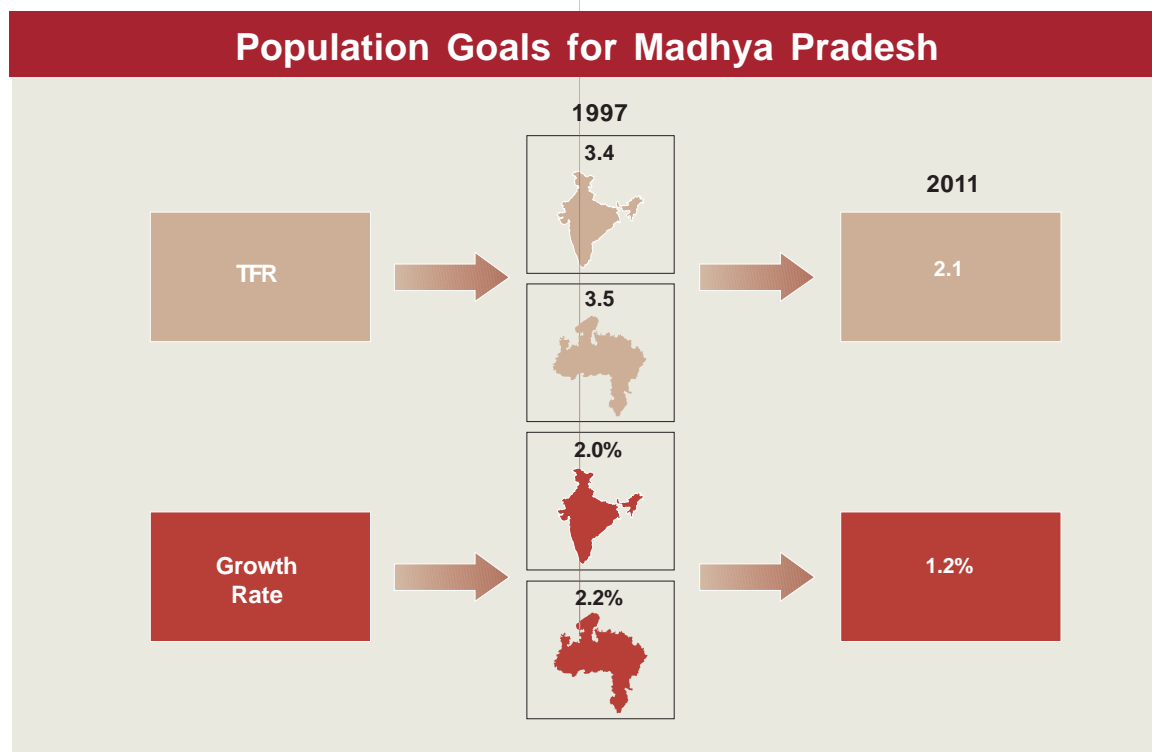
Population and Environment

- 30.53% of Madhya Pradesh is Forest Cover
- Per capita Forest Area declined by 23% from 1981-1991

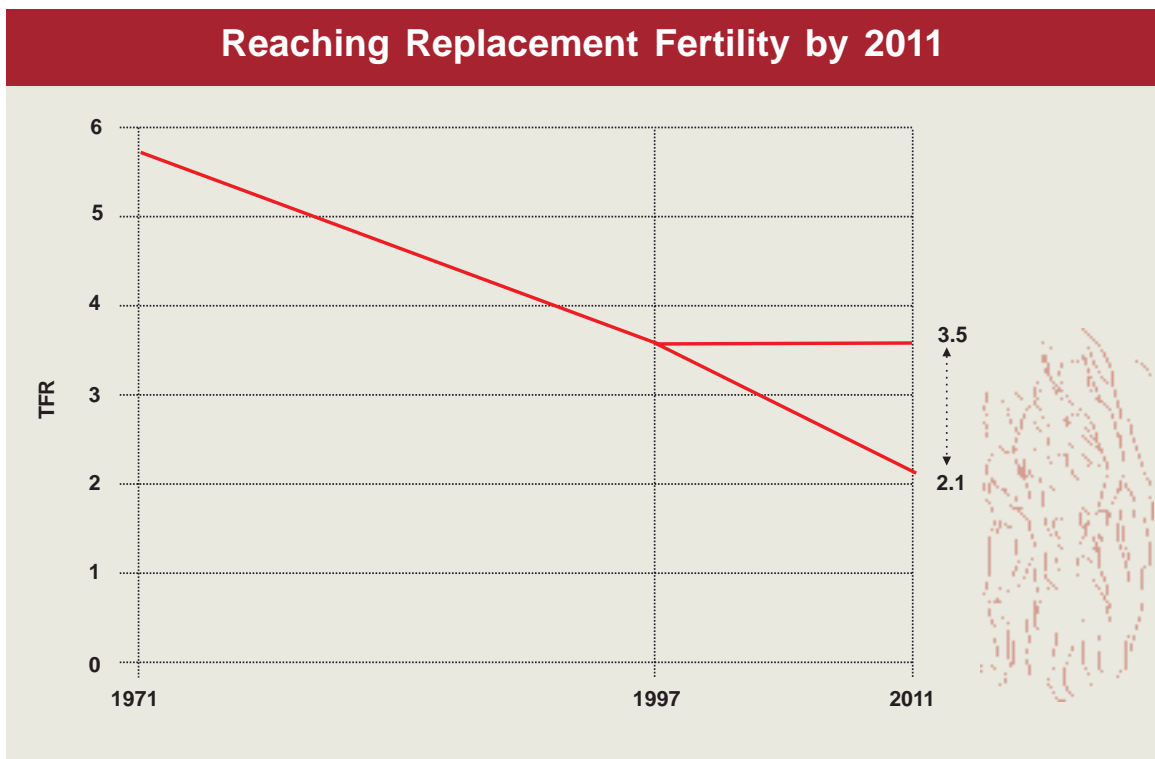
In addition to the water problem, population also affects the environmental sector. Madhya Pradesh is almost one-third forest, but the increasing population has created increasing demand for timber, fuelwood, and fodder. In one decade, per capita forest area decreased by 23 percent. Madhya Pradesh currently estimates that there are deficits of 24 metric tonnes of fuelwood and 41 metric tonnes of fodder. Continued rapid population growth will exacerbate these deficits and lead to further deforestation.



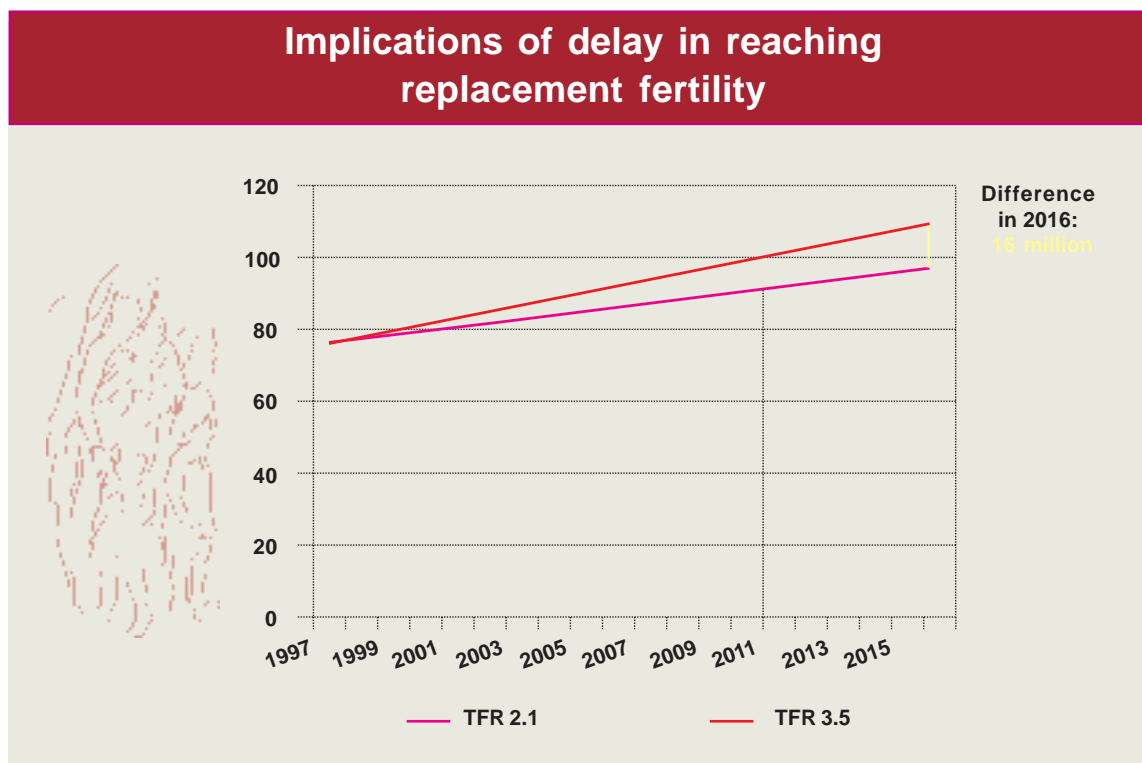
Current Demographic Objectives



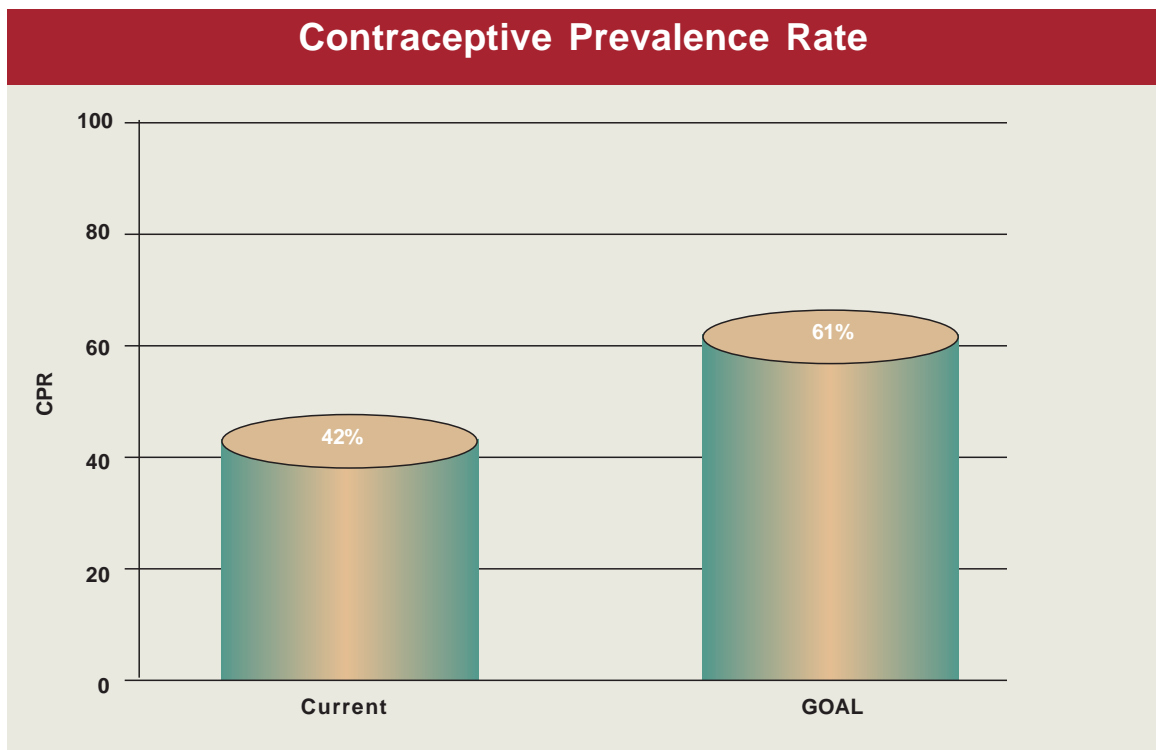
The national government has recognized the negative impact of population growth on development. Currently, the family welfare programme objective for India is to achieve replacement level fertility and slow the population growth rate to 1.2 percent by 2016 but Madhya Pradesh has decided to reach the population goal by 2011 through concerted efforts.



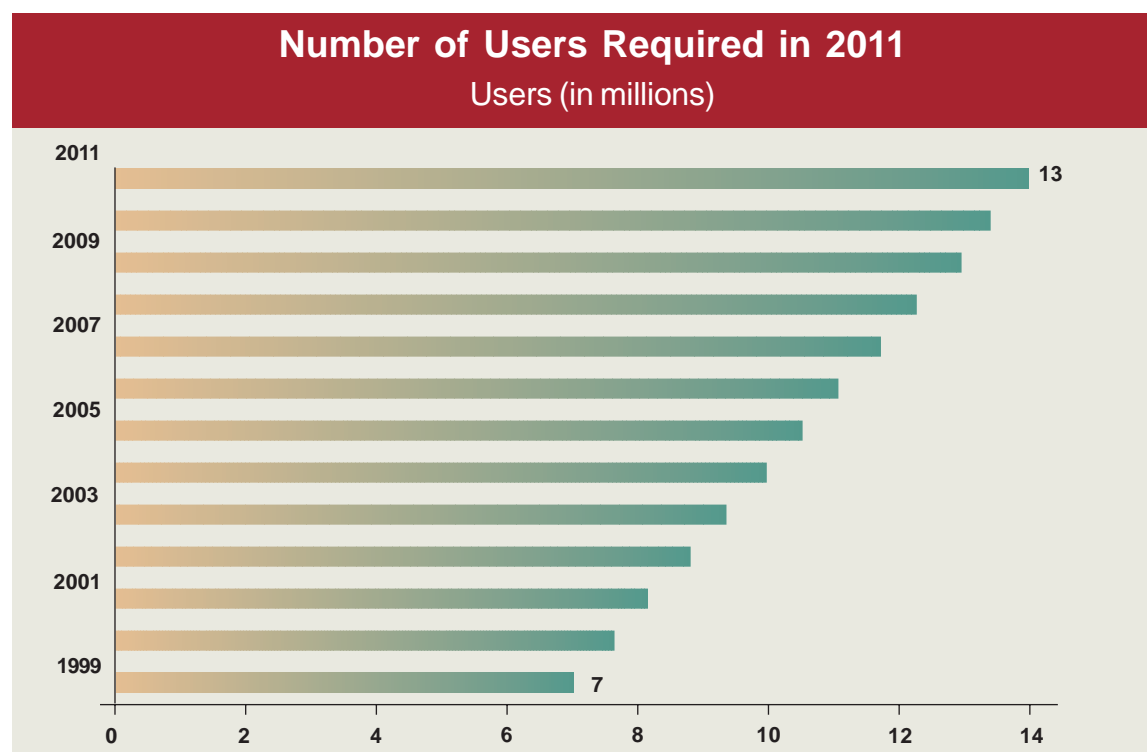
Madhya Pradesh has to reduce fertility rate by over two-fifths to reach replacement level of fertility. In recent times, TFR in Madhya Pradesh has declined substantially from 4.2 in 1993 to 3.5 in 1999. Given this trend, Madhya Pradesh will be able to achieve replacement fertility in 2011.



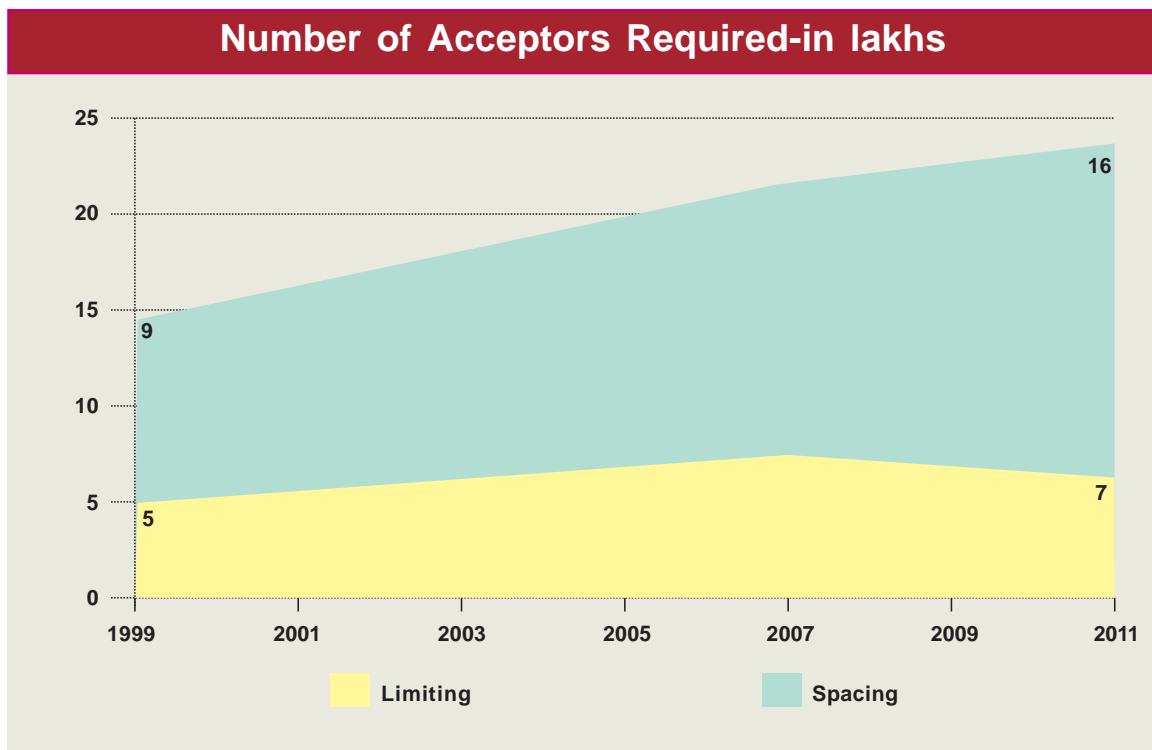
Stabilizing population by 2011 would save Madhya Pradesh from an additional population increase of 16 million by the year 2016. However, because it is starting from a high fertility rate of 3.5, Madhya Pradesh has to invest more resources and place more emphasis on innovative programme implementation strategies than many other states in India. The family planning programme must be a state priority because it is not merely a programme to enhance the welfare of women and children but an economic necessity. Investments made into the family welfare programme help reap rich dividends later.



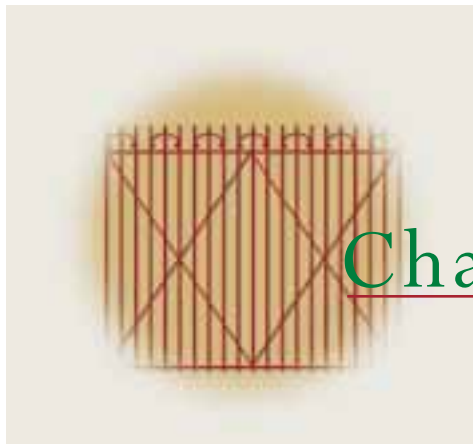
In order to achieve replacement level fertility by 2011, the contraceptive prevalence rate must increase to 61%. On average, two out of every three women of reproductive age in Madhya Pradesh will need to use a modern method of contraception.



In order to increase contraceptive prevalence to the necessary level by 2011, Madhya Pradesh will have to recruit and provide services to 13 million users. This is nearly double the current number and requires a high level of effort and resources. In other words, the contraceptive prevalence will have to increase each year by 1.5 points that looks feasible. An increase at this pace will also allow the health system to ensure quality services.



To achieve the expected goal of contraceptive prevalence of over 60 percent, Madhya Pradesh will have to cover 5 and 9 lakhs of eligible couples for limiting and spacing methods in 1999. This number will increase to 7 and 16 lakhs respectively by the year 2011. In the current year, the state has provided limiting and spacing services to nearly 3.7 and 10 lakhs eligible women. Hence, the goal with little extra efforts is easily achievable.

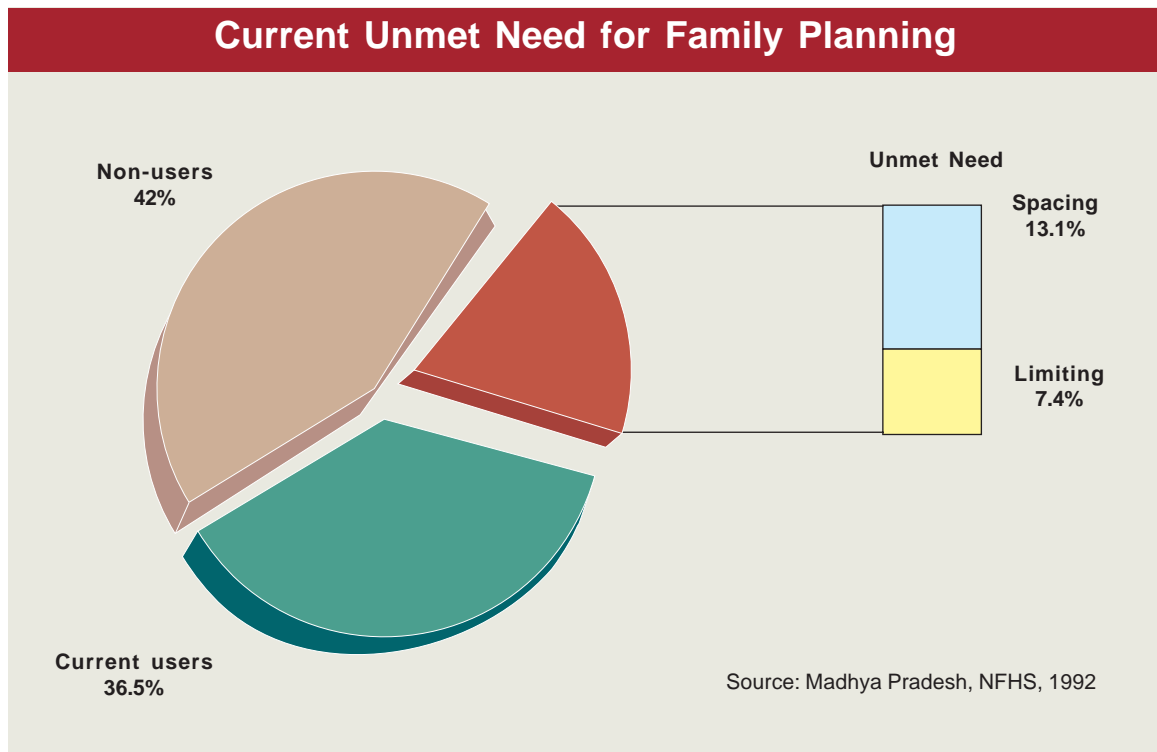


Challenges

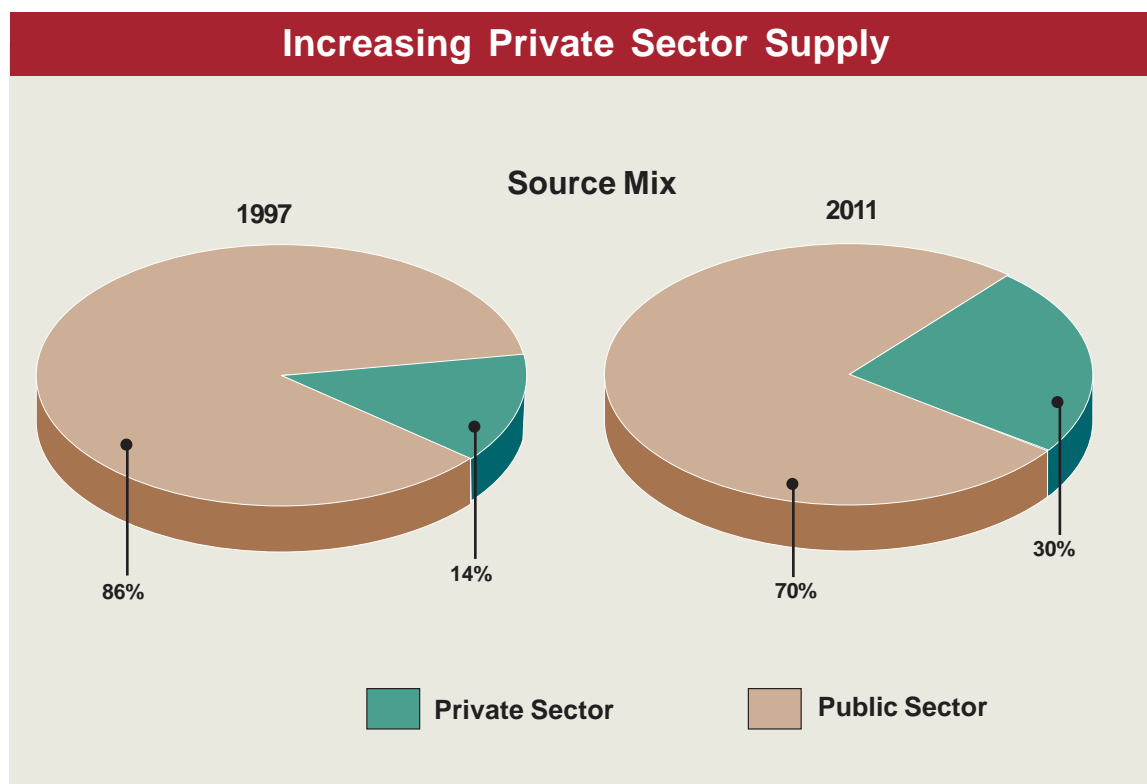
Demographic Indicators (1992)						
	Female Age at Marriage	Female Literacy	Infant Mortality Rate	CPR	Crude Birth Rate	TFR
Madhya Pradesh	17.4	28.8	104	38.8	34.4	4.6
Uttar Pradesh	15.1	24.3	99.9	19.8	35.9	4.8
Tamil Nadu	18.1	49.9	67.7	49.8	23.5	2.5
Kerala	19.8	84.0	23.8	63.3	19.6	2.0

Source: National Family Health Survey 1992-93

Although demographic indicators in Madhya Pradesh have improved since the implementation of the family planning programme, the state still faces many challenges. The average age of females at marriage is young, and the infant mortality rate is among the highest in the country.



According to the 1992 National Family Health Survey, the unmet need for family planning services was more than 20 percent. One out of every five women of reproductive age in the state want to use family planning but have not been able to access a modern method. To increase contraceptive prevalence and reduce fertility, Madhya Pradesh must make efforts to meet the current unmet need.



One way to increase access to contraceptives is to involve the private sector. In 1993, the private sector only supplied 11 percent of contraceptives which has improved to 14 percent in 1997. To meet unmet need, Madhya Pradesh should strive to increase private sector involvement to 30 percent.

Increasing Access

Increased Private Sector Involvement

- Involvement of Private Medical Practitioners and practitioners of ISM
- Expanded role for social marketing of terminal methods
 - pills
 - condoms
- Community based distribution of contraceptives
 - Volunteers
 - TBAs
 - Contraceptive Depots
- Organized sector
 - employers
 - cooperatives
- NGO Sector

Madhya Pradesh must tap all potential resources available to meet the unmet need and increase contraceptive prevalence. The public sector should build partnerships and collaborative efforts with other organizations and services providers to achieve synergy and conserve scarce resources. Potential sources such as private health sector, social marketing agencies, ISM practitioners, non-governmental organizations, and other government departments can help improve access to family planning services.

Increasing Access

- The Role of Social Marketing
 - Currently 79% of Condom users get their supplies from private sources
- Collaborating with NGOs
 - Family Planning and health NGOs
 - NGOs concerned with social issues
 - NGOs involved in income-generating activities

Social marketing and collaborating with NGOs are two strategies that hold promise for Madhya Pradesh. Currently, 79 percent of condom users turn to the private sector for supply, and half of users purchase condoms from a non-health sector shop.

NGOs are also an excellent resource that Madhya Pradesh should collaborate with to increase access to services.

Improving Quality of Services

- Make FW service easily accessible
- Increase contact level with the potential clients
- Adopt a client-centered approach
- Provide a mix of spacing and limiting methods
- Encourage appropriate number of follow-up visits
- Increase basic and in-service training of family planning workers
- Improve logistics system
- Improve interpersonal skills

Improving the quality of services is another important strategy. Effective and efficient reproductive and child health services greatly contribute to family planning method acceptance. Mothers get a chance to interact with health professionals and obtain information necessary to take decisions in regard to child bearing. The Madhya Pradesh family welfare department can improve quality of reproductive health services in the state by special attention to this aspect by training more dais, improving the skills of health professionals, and encouraging institutional deliveries. All these efforts, in the long run, contribute to higher acceptance level of family planning and increase the sustainability of programme efforts.



Summary

- Madhya Pradesh is at a watershed—the state still has a way to go in providing basic health care, reaching replacement level fertility, and incorporating new, more client-centered approaches for delivering services.
- FP and RH interventions can play a key role in reducing population growth, improving the lives of women and children, and alleviating the burden from other development sector.
- With a concerted, multisectoral and collaborative effort, Madhya Pradesh can strive toward achieving its demographic and health goals.



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